Southbury Primary School

Allergy Policy

September 2026

Date to be implemented from	September 2026
Date to be reviewed by	September 2027
Version No.	V2
Lead responsibility	DHT / Health and Safety Lead
Policy status	Whole-school policy
Supersedes	Previous Southbury Primary School Allergy Policy

*This policy has been revised to reflect the Department for Education statutory guidance **Allergy safety in schools (July 2026)**.*

Document Control

Distribution	Status
All Staff	Yes
Teaching Staff / Teaching Assistants	Yes
Administration Staff	Yes
Premises Staff	Yes
Parents / Carers	Yes – policy published on school website and available in hard copy on request
Governors	Yes
Food / Catering / Food Preparation Staff	Yes

Key Contacts

Role	Contact
Safeguarding Officer	s.whincup@southbury.enfield.sch.uk
Medical / Welfare Lead	h.boles@southbury.enfield.ach.uk
Catering Staff	Christina.Sanders@hcl.co.uk

The school will ensure that contact details are checked and updated whenever staff or provider arrangements change.

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1. Statement of Intent

Southbury Primary School is committed to promoting a whole-school approach to health, welfare and wellbeing and to the safe management of members of our school community who live with allergies. We recognise that allergic reactions can range from mild symptoms to anaphylaxis, a potentially life-threatening emergency.

We will work proactively to:

- minimise the risk of exposure to known allergens within the school setting;
- identify pupils, staff and visitors with known allergies and understand the arrangements they require;
- support children to develop age-appropriate self-management and avoidance strategies;
- ensure individuals at risk of anaphylaxis have rapid access to their prescribed emergency medication;
- maintain appropriate spare adrenaline auto-injectors (AAIs) for emergency use;
- ensure robust emergency response arrangements are understood by staff;
- promote inclusion and participation in all aspects of school life, including meals, trips and extracurricular activities; and
- learn from serious incidents, near misses and other events to continually improve allergy safety.

2. Equalities, Inclusion and Wellbeing

The school is committed to supporting pupils with medical conditions, including allergies, so that they can participate fully and safely in school life. The school will consider reasonable adjustments and adaptations where required.

Risk assessments and Individual Healthcare Plans (IHPs), where appropriate, will take account of the individual child's needs. Pupils, parents/carers and relevant healthcare professionals will be involved in planning arrangements.

The school recognises that living with allergy can affect emotional wellbeing. We will provide reassurance that reasonable steps are being taken to minimise risk and that robust emergency arrangements are in place. We will avoid unnecessary restrictions or exclusion from normal school activities.

Children and young people with allergy will be supported to participate alongside their peers wherever reasonably possible. Where a planned activity presents a particular allergen risk, staff will consider adaptations or alternatives that enable inclusion rather than simply excluding the pupil.

3. Context and Scope

Allergy is a medical condition in which the body's immune system reacts to normally harmless substances. Allergens may include food, insect stings, medicines, latex, contact allergens and airborne allergens such as pollen or animal dander.

Anaphylaxis is a potentially fatal allergic reaction affecting the Airway, Breathing and/or Circulation (ABC). It requires an immediate emergency response.

This policy applies to pupils, staff, volunteers, regular visitors and, where relevant, contractors and others working with or providing services to the school. It covers food allergy and other allergies where they create a risk within the school environment.

The policy sits alongside the school's Medical Conditions Policy, First Aid arrangements, Safeguarding and Child Protection Policy, Behaviour Policy, Attendance Policy, Educational Visits procedures and other relevant school procedures.

Coeliac disease and food intolerance are not allergic conditions and do not cause anaphylaxis. They will normally be managed under the school's wider medical conditions and dietary arrangements, while relevant practical food-safety controls will be applied.

4. Principles

- Allergy safety is a whole-school responsibility and is not solely a catering responsibility.
- The individual needs of each pupil will be considered; the same diagnosis does not necessarily require identical support.
- The school will take reasonable steps to reduce exposure to known allergens while recognising that an entirely allergen-free environment cannot be guaranteed.
- Emergency medication must be rapidly accessible when required.
- All staff must know how to recognise anaphylaxis and how to respond appropriately.
- Children with allergy should not be unnecessarily excluded from activities, trips, meals or extracurricular provision.
- The views of pupils and parents/carers will be taken seriously and incorporated into support arrangements.
- Clinical advice provided by healthcare professionals will inform the school's arrangements; school staff will not make clinical judgements.
- Serious incidents and near misses will be treated as opportunities for learning and improvement, using a no-blame approach.
- Confidential medical information will be shared only with those who need it to keep a child or adult safe and included.

5. Roles and Responsibilities

Governors

- Ensure the school has a strategic approach to allergy safety and emergency response.
- Ensure allergy risks are included on the school risk register and are actively managed.
- Ensure adequate resources are available to support effective allergy management.
- Monitor the effectiveness of this policy and receive periodic information about serious incidents and near misses.
- Ensure the policy is reviewed at least annually and following significant learning from incidents where appropriate.

Headteacher

- Provide a safe and inclusive environment for pupils and adults with allergy.
- Ensure a named senior leader has responsibility for allergy safety and implementation of this policy.
- Ensure all relevant staff receive appropriate allergy awareness and emergency response training.
- Ensure effective arrangements are in place to identify pupils with allergy and communicate their support needs.
- Ensure there are sufficient trained staff to meet assessed needs, including when staff are absent or pupils are off site.
- Ensure emergency procedures are known and tested.
- Ensure links with healthcare professionals and catering providers are effective.
- Ensure allergy arrangements are considered in trips, extracurricular activities and other school events.
- Ensure serious incidents and near misses are recorded, reported and reviewed appropriately.

DHT / Health and Safety Lead / Staff Responsible for Medical Needs

- Coordinate the day-to-day implementation of this policy.
- Maintain appropriate records of pupils with known or suspected allergy, IHPs, Allergy Action Plans (AAPs), prescribed medication and spare AAIs.
- Ensure relevant information is accessible to staff who need it while maintaining confidentiality.
- Liaise with parents/carers and relevant healthcare professionals.
- Ensure medication is appropriately stored, checked and accessible.
- Ensure staff understand how to locate and use emergency medication.
- Coordinate individual and trip risk assessments where required.
- Record and review serious incidents and near misses and ensure learning is shared appropriately.
- Ensure staff training and induction arrangements are monitored.

All Staff

- Follow this policy and relevant individual arrangements.
- Complete required allergy awareness and emergency response training.
- Know where to access current information about pupils with known allergy and their IHP/AAP where relevant.
- Recognise the signs and symptoms of allergic reactions and anaphylaxis and respond promptly.
- Reduce avoidable exposure to known allergens during teaching, play, meals, trips and activities.
- Consider allergen risks when planning craft, science, cooking, music, animal-related or other activities.
- Never send a child experiencing a suspected allergic emergency to seek help alone; bring help and medication to the child.
- Report allergic reactions, anaphylaxis and near misses promptly.

Parents / Carers

- Inform the school promptly of any known or suspected allergy and any change in circumstances.
- Provide up-to-date healthcare information, prescribed medication and healthcare-professional action plans where applicable.
- Provide two in-date prescribed adrenaline devices where these have been prescribed, in accordance with the child's healthcare professional's advice.
- Work with the school to develop and review an IHP where required.
- Inform the school following any reaction that occurs outside school where the event or updated clinical advice may affect school arrangements.
- Replace medication after use or when it expires.
- Work with the school following a serious incident or near miss and contribute to lessons learned.

Pupils

- Develop age-appropriate awareness of their allergy and how to keep themselves safe.
- Avoid sharing or exchanging food.
- Follow agreed avoidance and medication arrangements.
- Know how to seek help and tell an adult immediately if they think they are having an allergic reaction.
- Where appropriate and agreed, increasingly take responsibility for carrying and managing their own emergency medication.

6. Identification and Information Gathering

The school will actively seek information about allergy when pupils join the school, when existing pupils develop or are suspected of developing an allergy, and whenever circumstances or clinical advice change.

- The school will keep an appropriate record of pupils with known or suspected allergy, including known allergens, relevant medication and whether an IHP and/or AAP is in place.
- Information will be sought from pupils, parents/carers, previous settings and relevant healthcare professionals where appropriate.
- For new pupils, arrangements should be established in time for the start of the relevant term wherever possible. For pupils identified or changing circumstances during term, arrangements will be put in place as promptly as reasonably possible.
- Where appropriate, staff-only allergy information, including photographs and known allergens, will be available in areas where food is served or handled and in other relevant activity areas.
- Staff and visitors with allergy will be supported where relevant, particularly where food is served or their role creates a foreseeable exposure risk.
- Health information will be handled as confidential special category data and shared only where necessary for the safe support and inclusion of the individual.

7. Individual Healthcare Plans and Allergy Action Plans

A pupil should have an Individual Healthcare Plan (IHP) where their allergy has a functional impact at school, poses a risk of harm and requires arrangements that are additional to or different from those generally provided.

An IHP is a school document describing how the school will support the child. It is not a clinical document and must not replace the clinical advice or action plan issued by a healthcare professional.

- The IHP will be developed collaboratively with the child, parents/carers and relevant healthcare professionals where appropriate.
- Where a healthcare professional has issued an Allergy Action Plan or Asthma Action Plan, this will be attached to or clearly referenced by the IHP.
- The IHP will identify known allergens, relevant medication, support arrangements, emergency procedures, arrangements for meals and activities, and any reasonable adjustments required.
- The IHP will record the child's level of independence and any supervision or monitoring required.
- The IHP will consider the impact of allergy on health, learning and emotional wellbeing and, where relevant, its interaction with SEND.
- The IHP will include arrangements for maintaining educational progress if allergy results in absence or missed learning.
- IHPs will be easily accessible to staff who need them while confidentiality is maintained.
- IHPs will be reviewed at least annually and whenever there is a significant change, new clinical advice, new medication, a serious incident or near miss, or another change suggesting the arrangements need revision.

Where allergy is suspected but clinical advice is not yet available, the school will not dismiss the concern. The school will make reasonable interim arrangements based on the information available, engage with the child and parents/carers and seek appropriate healthcare advice.

8. Supporting Self-Management

The school will encourage pupils to develop age-appropriate responsibility for managing their allergy. Decisions about self-management will be individual and will take account of competence, understanding, risk, safeguarding considerations and the views of the child, parents/carers and relevant healthcare professionals.

- Pupils who are able and appropriately supported should be encouraged to carry their own prescribed emergency medication.
- Where a pupil cannot safely carry medication independently, medication must nevertheless remain rapidly accessible.
- Older pupils should not be assumed to require no support simply because they can take increasing responsibility for their allergy.
- Staff will continue to provide an appropriate level of supervision even where a pupil self-manages.

9. Minimising the Risk of Allergen Exposure

The school will take reasonable steps to minimise exposure to known allergens affecting pupils, staff and visitors. Risk reduction will be proportionate and based on individual circumstances.

- Food allergens will be managed through safe food provision, clear allergen information and measures to reduce cross-contact.
- Food brought into school by pupils, families or staff will be considered as part of risk management.
- Known airborne and contact allergens will be considered where relevant.
- Staff planning activities will consider allergen exposure, including craft, science, cooking, music, art, animal-related activities, gardening and use of materials or packaging that may contain allergens.
- Where an activity presents a significant risk, staff will identify a safe alternative that allows the child to participate wherever reasonably possible.
- Children will not be routinely excluded from activities solely because they have an allergy.
- Allergy risks will be considered in breakfast club, after-school clubs, sports, events, assemblies and other activities outside the normal timetable.

10. Food Allergy and Catering

The school will work closely with its catering provider to ensure that food allergen information is clear, accurate and accessible. Food businesses supplying food on the school premises must comply with applicable food information requirements.

- The school will maintain an up-to-date list of pupils with food allergy and communicate relevant information to catering staff.
- Catering staff will have access to the information they need to provide safe food.
- The school will ensure appropriate controls are in place to reduce cross-contact during food storage, preparation, cooking and serving.
- Parents/carers of children with food allergy will be provided with relevant information about allergens and, where appropriate, ingredients in foods available.
- Pre-packed food for direct sale will be appropriately labelled in accordance with applicable requirements.
- Non-prepacked food will have appropriate information available about the presence of regulated allergens.
- Bottles, drinks and lunch boxes brought from home for individual pupils should be clearly labelled.
- Primary-age food-allergic children will not normally be given food by the school without parental engagement and permission.
- Home-baked items should not be shared or consumed by pupils on school premises unless specifically agreed as part of a planned activity or event.
- Where cake sales or similar events take place, allergen information will be considered and appropriate supervision and controls put in place.
- Food used in cooking, crafts, science experiments, cultural events, fetes, assemblies and other activities will be considered for allergen risk.

- Reasonable adjustments will be made, where required, to enable pupils with allergy to access their free school meal entitlement.

The school menu is made available to parents via the school website and through School Grid, our online food ordering portal. Parents of children with allergies are provided with an allergy menu a term in advance as soon as it is provided by our catering company. Parents/carers are encouraged to liaise directly with the Welfare Officer where individual dietary requirements need discussion.

11. Allergy Awareness and Nut-Free Approaches

Although we maintain a nut-free environment, Southbury Primary School does not rely on a blanket ban on a single allergen as its primary allergy-safety strategy. A ban cannot guarantee an allergen-free environment because allergy risks vary and exposure can occur in many ways.

Instead, the school promotes a whole-school culture of allergy awareness, including understanding what allergies are, how to reduce risk, how to recognise symptoms and how to respond in an emergency.

Where an individual pupil has a clinically identified risk from nuts or another allergen, their individual arrangements and risk assessment will determine the reasonable measures required.

12. Supply, Storage and Care of Medication

Medication must be stored in accordance with the child's individual arrangements, manufacturer guidance and the school's Medical Conditions Policy.

- Prescribed emergency medication must be clearly labelled and readily accessible.
- Where appropriate, a pupil's medication kit will contain two prescribed adrenaline devices, the current Allergy Action Plan and any other prescribed emergency medication relevant to the pupil.
- Medication must be stored at room temperature and protected from direct sunlight and temperature extremes, in line with manufacturer instructions.
- Medication must not be locked away where doing so would delay emergency treatment.
- Medication brought into school will be checked periodically for correct labelling, suitability and expiry.
- Parents/carers remain responsible for providing replacement medication when devices are used or expire.
- Used or expired AAIs must be disposed of safely in accordance with manufacturer guidance and local arrangements for sharps/medicines disposal.

The current school arrangement is for pupil medication to be held in the medical/welfare area where required. The exact location must remain accessible to authorised staff and must support rapid access in an emergency.

The school will maintain an auditable system for checking expiry dates and replacing medication. Checks will take place at least termly and whenever medication is used or circumstances change.

13. Prescribed Adrenaline Devices

Children and young people at risk of anaphylaxis who have been prescribed adrenaline should have rapid access to their prescribed devices at all times.

- As our pupils do not carry the devices independently, they must be stored in an appropriate central location that is unlocked and accessible to staff at all times. These are stored in the Welfare Room.
- Prescribed adrenaline must be accessible during lessons, lunch, playtime, sports, clubs, school events, trips and while travelling to and from school where the school has responsibility for the child.
- The school will ensure that staff know where prescribed devices are kept and how to access them without delay.

- Two adrenaline devices should be available where prescribed, reflecting current clinical advice that a second dose may be required.
- An Allergy Action Plan should be kept with or immediately accessible alongside prescribed medication.

In anaphylaxis, adrenaline should be administered promptly and normally within five minutes. Staff should not delay administration while waiting for emergency services to arrive.

14. Spare Adrenaline Auto-Injectors

Southbury Primary School will maintain spare AAIs for emergency use in accordance with current Department for Education and Department of Health and Social Care guidance and applicable legal requirements.

- Spare AAIs are an additional emergency safeguard and do not replace a child's own prescribed devices.
- Spare AAIs will be stocked in appropriate dosages for the pupils who may require them, with stock levels reviewed as the pupil cohort changes.
- Spare AAIs will be stored in pairs.
- Spare AAIs will be clearly labelled and kept in a safe, central location that is accessible to staff at all times and not locked away.
- The location must enable the device to be brought to a person experiencing anaphylaxis within five minutes.
- The school will maintain a documented schedule for checking expiry dates and replacing used or expired devices.
- Where possible, the school will also maintain an emergency asthma reliever inhaler and spacer alongside spare AAIs, subject to the separate legal and consent requirements governing their use.

Current spare AAI location: school office. This location must remain accessible to staff at all times and must not be behind a locked door or otherwise restricted in a way that could delay emergency treatment.

In an emergency, a person's own prescribed adrenaline should be used where available. Spare AAIs may be used where prescribed devices are unavailable or misfire, and may also be used for a person presenting with anaphylaxis for the first time, in accordance with current legal and clinical guidance. Emergency treatment must not be delayed while checking for prior consent.

15. Asthma and Allergy

Asthma commonly co-exists with allergy, and allergen exposure can trigger or worsen asthma symptoms. Staff must understand the relationship between asthma and anaphylaxis.

- Staff must never use a reliever inhaler as a substitute for adrenaline when anaphylaxis is suspected.
- Pupils with asthma should have access to their prescribed reliever inhaler in accordance with their individual arrangements.
- Where a pupil has an Asthma Action Plan, this should be attached to or referenced by their IHP where an IHP is in place.
- Allergy awareness training will include recognition of acute asthma as well as anaphylaxis.

16. Risk Assessment and the School Risk Register

The school will undertake individual risk assessments where an allergy presents risks requiring arrangements beyond those generally in place. Risk assessments will be proportionate and reviewed when circumstances change.

- Risk assessments will consider food, contact and airborne allergens where relevant.
- They will consider classroom activities, practical subjects, play, PE and sport, meals, clubs, school events and off-site activities.

- They will consider access to medication, supervision, communication, emergency response and staff competence.
- The school will consider risks created by materials such as food packaging, play dough, glues, craft materials, animal feed and other resources where relevant to an individual pupil.
- Allergy risks will be included on the school risk register and actively managed by leaders and governors.
- Risk assessments will be reviewed after significant incidents, near misses, changes in allergy, changes to medication or clinical advice, or changes to school activities.

17. School Trips, Visits and Off-Site Activities

Pupils with allergy must be enabled to participate in educational visits, residential visits and off-site extracurricular activities wherever reasonably possible.

- A risk assessment will be completed for pupils at risk of anaphylaxis before an off-site visit.
- The pupil's own prescribed emergency medication must accompany them.
- Appropriately trained staff must be present and able to administer emergency medication if required.
- Spare AAIs may be taken on some visits where appropriate, but this must not result in the school being left without its required spare emergency stock.
- Food, drink, venues, transport, activities, animal exposure and other potential allergens will be considered in advance.
- Emergency contact arrangements and procedures for calling 999 will be confirmed.
- The pupil's IHP/AAP and relevant medication arrangements will be accessible to the staff who need them.
- External providers will be informed of relevant allergy arrangements where necessary.
- The school will not require parents/carers to accompany their child solely because the child has an allergy where appropriate school arrangements can reasonably be put in place.

18. Training, Induction and Emergency Preparedness

The school will provide whole-school allergy awareness and emergency response training at least annually. First aid training alone is not sufficient to meet the allergy awareness training requirement.

Training will cover, as appropriate:

- what allergy is and the risks it presents;
- food allergy, asthma, eczema, hay fever and other allergic conditions;
- the difference between allergy, coeliac disease and food intolerance;
- known allergens and where to find individual allergy information;
- recognising the symptoms of allergic reactions;
- recognising anaphylaxis and understanding the ABC symptoms;
- calling 999 and informing parents/carers;
- locating and administering adrenaline and, where relevant, emergency asthma medication;
- practical use of trainer devices;
- reducing exposure to known allergens;
- the school's allergy policy and individual responsibilities;
- using IHPs and Allergy/Asthma Action Plans;
- reporting allergic reactions, serious incidents and near misses; and
- the impact allergy may have on wellbeing and inclusion.

Training will include permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff who oversee breakfast or after-school provision. Contractors with no pupil-facing role are not normally expected to undertake the full training.

New staff will receive allergy awareness information and induction as part of joining the school. Arrangements will ensure that supply and cover staff are made aware of relevant allergy procedures and information.

The school will keep a record of training and attendance and will ensure sufficient trained staff are available to meet assessed needs, including during staff absence.

The school may use allergy emergency drills, active training or role play to test staff response. Any drill will be recorded and learning will inform future training and policy review. Where a pupil is involved in planning a drill, their wellbeing will be considered carefully.

19. Serious Incidents and Near Misses

Southbury Primary School recognises that no system can remove all risk. Serious incidents and near misses will be handled in a no-blame spirit, with the aim of learning lessons and improving the safety of pupils, staff and visitors.

Definitions

A serious incident is an event relating directly to a medical condition, including allergy, in which a child, young person, member of staff or visitor is harmed or placed at immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A near miss is an event relating directly to a medical condition, including allergy, that did not result in harm but had clear potential to do so, for example because an error, omission or system failure could reasonably have led to a serious incident.

Recording

Any serious incident or near miss involving allergy will be recorded as soon as feasible, normally through the school's Accident/Incident reporting arrangements. The report should record:

- who was affected;
- what happened, when and where;
- why the incident occurred, as far as is known;
- how staff and pupils responded and what support was provided;
- whether emergency services were called; and
- how the incident concluded.

Reporting and Review

- Parents/carers of a child aged up to 16 will be informed as soon as possible.
- The report will be shared with the designated senior leader responsible for allergy safety.
- The child, young person or individual involved and their parents/carers will be given an opportunity to discuss what happened and contribute to the lessons learned review.
- Where an incident relates to a healthcare-professional care plan or action plan, the relevant healthcare professional/team will be informed where appropriate.
- Where an allergen-related food safety incident requires external reporting, the school will follow applicable Food Standards Agency, local authority environmental health, Primary Authority and other reporting requirements.
- Where an incident arises directly from a work activity and meets RIDDOR criteria, the school will follow the relevant HSE reporting requirements.

- The governing body will receive periodic information about serious incidents and near misses.

Learning Lessons

Following an incident or near miss, the school will consider:

- Could the event reasonably have been foreseen?
- Could reasonable preventative measures have avoided it?
- Was there an appropriate policy, procedure or IHP/AAP in place?
- Was the policy, procedure or plan followed?
- Was staff training or communication adequate?
- Was the existing policy or plan itself adequate?
- What changes are required to practice, training, risk assessments, the IHP/AAP or this policy?

Any learning will be shared appropriately with relevant staff while protecting the privacy of the child or adult involved. The child and parents/carers will be involved in reviewing arrangements following a serious incident or near miss. Staff involved will also be given appropriate opportunity to reflect and receive support.

A serious incident or near miss will be considered a trigger for review, but a policy need not be rewritten after every minor event if existing arrangements remain fit for purpose.

20. Allergies and Bullying

Allergy-related bullying is unacceptable and will be addressed in accordance with the school's Behaviour and Anti-Bullying arrangements.

- Bullying may include mocking a pupil's allergy, deliberately exposing them to a known allergen, excluding them because of their allergy, threatening to force-feed an allergen or tampering with their food or medication.
- Staff will take reports of allergy-related bullying seriously and respond promptly.
- Pupils will receive age-appropriate education about allergies, inclusion and how to support peers safely.
- The school will monitor the wellbeing of pupils with allergy and provide appropriate support.
- Where appropriate, new pupils with allergy will be supported to understand the school's arrangements and identify trusted adults they can approach.

21. Information Sharing, Confidentiality and Data Protection

Information about a child's allergy is personal health information and will be treated confidentially. However, relevant information must be shared with staff who need it to keep the child safe and included.

- Information will be shared on a need-to-know basis and in accordance with the school's data protection arrangements.
- Staff will know where to find current allergy information and how to check whether a pupil has an IHP/AAP.
- Relevant information will be available to catering staff and staff supervising activities where necessary.
- Copies of IHPs/AAPs will be version controlled so that staff do not rely on outdated information.
- The child and parents/carers will be involved in decisions about sharing information wherever appropriate.
- Information will be shared with emergency services and other agencies where necessary to protect life or comply with legal requirements.

22. Awareness, Publication and Review

This policy will be communicated to staff, pupils and parents/carers through appropriate school channels.

- The policy will be published on the school website.

- A hard copy will be made available on request.
- All staff will be expected to understand the policy as part of annual allergy awareness training.
- Age-appropriate allergy awareness will be promoted with pupils, particularly where this supports inclusion and reduces bullying.
- Parents/carers will be informed of the school's approach to allergy safety and where they can access the policy.
- Individuals with allergy will be involved in developing and reviewing arrangements where appropriate.
- The policy will be reviewed at least annually and more frequently where incidents, near misses or other changes indicate that improvement is required.

The next scheduled review is September 2027.

23. Unacceptable Practice

The following practices are not acceptable:

- preventing a pupil from easily accessing prescribed emergency medication;
- ignoring the views of a child or their parents/carers;
- ignoring relevant medical evidence or healthcare-professional advice;
- assuming that all children with the same allergy require identical arrangements;
- assuming that older pupils do not need support because they are increasingly self-managing;
- assuming a child does not have an allergy because they do not yet have a formal diagnosis;
- unnecessarily sending a pupil home or preventing them from normal school activities, including lunch, because of their allergy;
- sending a child experiencing a suspected allergic emergency to the office or medical room without suitable supervision instead of bringing help and medication to them;
- penalising a pupil for allergy-related absence or excluding them from attendance-related rewards because of medically necessary absence;
- requiring parents/carers to attend school to administer medication or provide support that the school should reasonably provide; and
- creating unnecessary barriers to participation in trips, visits, clubs or other aspects of school life, including requiring a parent/carer to accompany the child solely because of their allergy.

Appendix I – Emergency Response Quick Reference

This appendix is a quick reference only. A child's individual Allergy Action Plan, issued by a healthcare professional, must be followed where available.

If anaphylaxis is suspected

1. Treat as an emergency. If in doubt, treat for anaphylaxis.
2. Bring emergency medication to the person. Do not send the person to the medication.
3. Use the person's prescribed adrenaline device if available, following the instructions on the device and their Allergy Action Plan.
4. If prescribed adrenaline is unavailable or misfires, use a spare AAI where appropriate.
5. Call 999 immediately and state that anaphylaxis is suspected.
6. Keep the person with you and do not allow them to stand or walk around. Follow emergency positioning advice.
7. If there is no improvement after five minutes, administer a second adrenaline dose if available and appropriate.
8. If the person becomes unresponsive and is not breathing normally, start CPR and follow the emergency operator's instructions.
9. Send used AAIs with ambulance staff or dispose of them safely according to the school's medicines/sharps arrangements.
10. Inform parents/carers as soon as practicable.

Do not delay adrenaline while waiting for an ambulance. Do not use an asthma reliever inhaler instead of adrenaline for suspected anaphylaxis.

Appendix II – AAI Use and Individual Action Plans

AAI devices differ between manufacturers. Staff must receive practical training and follow the instructions for the device available, including EpiPen or Jext where these are prescribed.

- The individual Allergy Action Plan should be kept with or immediately accessible alongside the child's medication.
- Staff should know where prescribed and spare AAIs are located.
- Staff should check the relevant device instructions before an emergency where time permits, but must not delay lifesaving treatment.
- Only current manufacturer instructions and healthcare-professional action plans should be used for detailed device technique.

Appendix III – Mild/Moderate Allergic Reaction

Mild to moderate symptoms may include swollen lips, face or eyes; itchy or tingling mouth; mild throat tightness; hives or itchy rash; abdominal pain or vomiting; or a sudden change in behaviour.

- Follow the child's Allergy Action Plan if one is available.
- Administer medication only in accordance with the child's prescribed/authorised arrangements and the school's Medical Conditions Policy.
- Do not leave the child unattended.
- Contact the parent/carer or emergency contact as appropriate.
- Observe the child in a safe place for at least 60 minutes because a mild reaction can progress to anaphylaxis.
- If Airway/Breathing/Circulation symptoms develop, treat as anaphylaxis immediately and follow Appendix I.

The school will not include generic medication dosing or repeat-dose instructions in this policy where these could conflict with an individual healthcare professional's instructions. The child's current action plan and medication label must be followed.

Appendix IV – Anaphylaxis Emergency Response

Anaphylaxis involves Airway, Breathing and/or Circulation symptoms. These may include:

- Airway: swelling of the throat or tongue, throat tightening, hoarse voice or difficulty swallowing.
- Breathing: sudden wheezing, breathing difficulty, persistent cough or noisy breathing.
- Circulation: dizziness, feeling faint, sudden sleepiness, confusion, pale/clammy skin or loss of consciousness.

A rash or swelling does not need to be present for anaphylaxis to occur. In a person with known food allergy who develops sudden breathing difficulty, anaphylaxis should always be considered.

Always follow the individual Allergy Action Plan where available and call 999 for anaphylaxis.

Appendix V – Information on Allergies

The 14 regulated food allergens are listed in Appendix VII. However, any food can cause an allergic reaction. Other potential allergens include insect venom, medicines, latex, chemicals, pollen, animal dander and other contact or airborne allergens.

Allergic reactions can vary in severity and can sometimes occur without an obvious previous diagnosis. Staff should therefore be prepared to recognise and respond to anaphylaxis in any child, young person, member of staff or visitor.

Appendix VI – Support and Resources

- Department for Education – Allergy safety in schools: statutory guidance (July 2026).
- Department for Education – Supporting pupils with medical conditions at school.
- Food Standards Agency – allergy and allergen information guidance.
- British Society for Allergy & Clinical Immunology (BSACI) – allergy action plans and clinical information.
- Anaphylaxis UK – allergy awareness and training resources for schools.
- Allergy UK – support and information for people living with allergic disease.
- Asthma + Lung UK – asthma action plans and school resources.
- Medicines and Healthcare products Regulatory Agency (MHRA) – guidance on adrenaline auto-injectors.

Appendix VII – The 14 Regulated Food Allergens

- Cereals containing gluten
- Celery
- Crustaceans
- Eggs
- Fish
- Lupin
- Milk
- Molluscs
- Mustard
- Nuts
- Peanuts

- Sesame
- Soya
- Sulphur dioxide and sulphites (where present above the relevant regulatory threshold)